FORM B10 (Official Form 10) (Rev. 4/98)		· · · · · · · · · · · · · · · · · · ·
United States Bankruptcy Court SOUTHERN DIST 61288, Houston TX 77208 (Houston D	RICT OF TEXAS P.O.Box Division)	PROOF OF CLAIM
Name of Debtors	Case Number	
Stage Stores, Inc., a Delaware corporationSpecialty Retailers, Inc., a Texas corporationSpecialty Retailers, Inc. (NV), a Nevada corporation	00-35078-H2-11 00-35079-H2-11 00-35080-H2-11	788-39022 Creditor ID#:
*place an "x" beside the name of the Debtor you are filing a claim against		
Name of Creditor (The person or other entity to whom the debtor owes money or property):	Check box if you are aware that anyone else a filed a proof of claim relating to your claim.	FILED
Log Cabin Democrat	Attach copy of statement giving particulars.	JUN 2 8 2000
Name and address where notices should be sent: ***********************************	Check box if you have never received any notices from the bankruptcy court in this case	Michael N. Milby, Clerk
PO Box 969 Conway AR 72033-0969	Check box if the address differs from the address on the envelope sent to you by the court.	
Account or other number by which creditor identifies debtor:	Check here replaces if this claim amends a prev	iously filed claim, dated:
1. Basis for Claim Goods sold	Retiree benefits as defined in 11 U Wages, salaries, and compensation	
Services performed	Your SS#:	
Money loaned Personal injury/wrongful death	Unpaid compensation for services	
Taxes	from to	
Other	(date)	(date)
2) Date debt was incurred: $4-30-40$	3. If court judgment, date ob	tained:
Total Amount of Claim at Time Case Filed: \$ 337,97 If all or part of your claim is secured or entitled to priority, also compl — Check this box if claim includes interest or other charges in additional charges.		Attach itemized statement of all interest or
		
5. Secured Claim Check this box if your claim is secured by collateral (including a right of setoff).	6. Unsecured Priority Claim. Check this box if you have an unsecured priority claim Amount entitled to priority \$	
Brief Description of Collateral: Real Estate Motor Vehicle Other All personal and intangible property of Debtor's Estate	Specify the priority of the claim: Wages, salaries, or commissions (up to \$4,300),* eamed within 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(3)	
Value of Collateral: \$	 Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(4). Up to \$1,950* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(6). Alimony, maintenance, or support owed to a spouse, former spouse, or child - 11 U.S.C. § 507(a)(7). 	
Amount of arrearage and other charges <u>at time case filed</u> included in secured claim, if any \$	Oriei — Opedity applicable paragraph or	11 U.S.C. § 507(a). 11 U.S.C. § 507(a). 12 and every 3 years thereafter with respect to
 Credits: The amount of all payments on this claim has been credited and of the purpose of making this proof of claim. Supporting Documents: Attach copies of supporting documents, such notes, purchase orders, invoices, itemized statements of running accounts, concourt judgments, mortgages, security agreements, and evidence of perfection DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary. 	ch as promissory ntracts, of lien.	This Space is for Court Use Only
9. Date-Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.		617
Date Sign and print the name and title, if any, of the creditor or of (attach copy of power of attorney, if any): $(at wttach copy of power of attorney, if any):$	ther person authorized to file this claim	
Penalty for presenting fraudulent claim: Fine of up to \$500,0	<u>*</u>	8 U.S.C. §§ 152 and 3571.



#F00

1715.45

PREV BALANCE

DISPLAY ADVERTISING STATEMENT

Log Cabin Democrat

P.O. BOX 969 CONWAY, ARK. 72033

1058 FRONT ST. (501) 505-1219

STAGE P.D. 80X 35718 HOUSTON, TEXAS

STATEMENT SUMMARY

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CREDITS

11.42

FINANCE CHARGE

AMOUNT DUE

periodic rate of

The FINANCE CHARGE is determined by applying a

3+337+97

% per month - ANNUAL

1511-1C

ANALYSIS OF ACCOUNT

CHARGES

77235

ACCOUNT NO. 75975

عرسيم

750

F. 3 PLEASE RETURN THIS PORTION WITH YOUR REMITTANCE AMOUNT PAID \$. 5/31/00 LOG CABIN DEMOCRAT DISPLAY ADVERTISING SUMMARY PAGE 6 9 10 30.0 55.0] 12 13 14 15 16 17 18 19 20 21 TOTAL DISPLAY 22 23 25 26 27 INCHES 28 29 30 31 152.0 DATE DESCRIPTION SIZE/REMARKS 4/30/00 BEGINNING BALANCE INCHES **AMOUNT** 1 + 71 5 - 45 5/04/00 LOCAL DISPLAY 3X 10-0 BESTERAND 30.0i 5/11/00 LOCAL DISPLAY 214.50 6X 11.0 MOM'S DAY 66.0 5/17/00/ PRE-PRINTED INSERT 471.90 4-PG INS 49.00 524.30 5/24/00 LOCAL DISPLAY 4X 14.0 MEMORIAL 56.0 400.40 5/31/00 FINANCE CHARGE 11.42